

CENTER FOR HEALTH
INFORMATION AND ANALYSIS

2014
ANNUAL
REPORT



center
for health
information
and analysis

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*“We seek a common foundation
of reliable information upon which
to build the efficient, effective
health care system of the future.”*

MESSAGE FROM CHIA's DIRECTOR

It's been immensely rewarding to see CHIA become the agency that existed only in statute a few years ago. Massachusetts benefits from having a health care policy community that is collaborative and forward thinking. Whether providers or advocates, insurers or policy-makers, we seek a common foundation of reliable information upon which to build the efficient, effective health care system of the future. That foundation is precisely what CHIA is working to create.

Inside this report, you can read about highlights from our last year: developing a new metric for measuring health care spending statewide, publishing

an enhanced reference volume for understanding Massachusetts hospital performance, providing timely, useful information to the legislature about pending bills, monitoring system changes related to the Affordable Care Act (ACA), and promoting increased use of our data resources.

But this report is also about looking forward. We're sharing our strategic plan – our blueprint for building that foundation of reliable information based on CHIA's strengths and unique resources. I look forward to executing on that strategic plan – and working with you to make it possible.

OUR GUIDING VALUES

FOUR VALUES GUIDE US AS WE SEEK TO FULFILL OUR MISSION:
RIGOR, COLLABORATION, ACCOUNTABILITY, AND CUSTOMER SERVICE.

RIGOR

helps us set clear expectations, deliver high quality products, and be efficient in our efforts. For our stakeholders, this translates to interactions that are reliable, predictable, and consistent.

COLLABORATION

We value with experts, policymakers, researchers, and stakeholders in all parts of our work, because we recognize that when our colleagues and partners succeed, we succeed.

We seek to earn the trust of our audience by being

ACCOUNTABLE

for our products throughout the life cycle: before, during, and after release. We listen carefully to feedback and use it to improve future performance.

CUSTOMER SATISFACTION

We seek by communicating clearly, cultivating an understanding of customer needs, and displaying creativity in our solutions.

CHIA: PAST, PRESENT, AND FUTURE TENSE

OUR BEGINNING

The Massachusetts Legislature established CHIA as an independent state agency in 2012 as part of a landmark effort to improve health care quality and curb rising costs. Recognizing the need for reliable and meaningful information, CHIA was charged with objectively monitoring the Massachusetts health care system and providing a foundation of data and analysis upon which numerous reform efforts can be built.

As you'll see in the following pages, we have achieved a lot in the past two years.

Year one was largely spent in start-up mode, ensuring our talented staff of health policy analysts and IT professionals were equipped to immediately begin delivering value to policymakers, payers and providers, employers, researchers, and the residents of Massachusetts. We made a firm commitment to administrative simplification, partnering with several state agencies to establish CHIA as a

conduit for the claims and enrollment data necessary to carry out their missions.

This work—which we've expanded upon throughout 2014—promotes efficiencies for the Commonwealth and carriers alike. CHIA also worked closely with stakeholders to develop the methodology that, beginning in 2014, would be used to calculate per-capita health care spending in Massachusetts, an important means of measuring the progress of the state's cost containment efforts.

Over the course of 2014, CHIA worked to continually refine our products and processes to meet the evolving needs of our customers. We introduced new reports and analyses based on feedback we received. We prioritized transparency and collaboration with stakeholders to ensure our approach was meaningful and replicable. The result of this commitment to continued excellence was a model of good government, one which helped establish credibility for our work.

OUR PLANS FOR 2015 AND BEYOND

CHIA has developed a strategic plan for the next three years that will help us set priorities, focus energy and resources, and strengthen operations in support of our mandate.

Over the next three years, CHIA will pursue the following strategies:

Establish and promote CHIA statistics as the standard for measuring the performance of the Massachusetts Health Care System.

CHIA will identify, calculate, disseminate, and maintain a specific set of CHIA Standard Statistics: meaningful, well-defined, periodically updated measures of the performance of the Massachusetts health care system derived from our unique data sets and other reliable sources.

Support the Legislature and other state agencies with CHIA information and analysis.

The Massachusetts Legislature and various state agencies are responsible for setting the Commonwealth's health care policy direction, and many agencies implement health policy and services. Working with our partners in state government aligns us with broader efforts to improve the health care system, increases our impact, reflects our commitment to public service, and embodies principles of good government.

Establish and promote specific "Continuing Studies" of health system performance.

There are countless questions that can be addressed using our resources. Articulating these areas of inquiry—and their component products—allows us to focus our resources internally and to communicate clearly externally. The four areas of continuing study are:

1. Insurance Coverage, Under-insurance and Un-insurance
2. Behavioral Health (Mental Health and Substance Abuse)
3. Providers and Payers: financial performance, quality, efficiency, and affordability
4. Health Care Delivery Across Populations: including health service variation by geography, socio-economic status, race or ethnicity, sex, age, and disability status

Seek efficient ways to maximize the benefit of our data assets.

CHIA is uniquely positioned to collect data on the Massachusetts health care system. While these data have great value for our state agency partners, maximizing their benefit requires broader dissemination.

Achieve operational excellence and invest in the quality of the work environment.

CHIA seeks to be a great place to work and build a career. We continuously invest in our people and our environment, and seek improvement in how we do what we do.

OUR GUIDING VALUES

Four values guide us as we seek to fulfill our mission: rigor, collaboration, accountability, and customer service.

Rigor helps us set clear expectations, deliver high quality products, and be efficient in our efforts. For our stakeholders, this translates to interactions that are reliable, predictable, and consistent.

We value **collaboration** with experts, policymakers, researchers, and stakeholders in all parts of our work, because we recognize that when our colleagues and partners succeed, we succeed.

We seek to earn the trust of our audience by being **accountable** for our products throughout the life cycle: before, during, and after release. We listen carefully to feedback and use it to improve future performance.

We seek **customer satisfaction** by communicating clearly, cultivating an understanding of customer needs, and displaying creativity in our solutions.

OUR PARTNERSHIP WITH YOU

CHIA's mission is to be the agency of record for Massachusetts health care information, to responsibly steward sensitive and confidential data, and to objectively report reliable and meaningful information about the quality, affordability, utilization, access, and outcomes of the Massachusetts health care system.

CHIA pursues this mission in the public interest. This informs our objective perspective and our commitment to serving a broad, diverse audience. We are a hub, connecting our products to policy-makers, public and private payers and providers, employers, researchers, and the residents of Massachusetts in order to improve the Commonwealth's health care system.

You are integral to our success as an agency. We look forward to your partnership in tackling the challenges and realizing the opportunities that lie ahead.

THCE

The transparent and collaborative process CHIA used to develop its methodology for calculating this innovative metric helped establish credibility amongst payers, providers, policymakers, and consumers alike.

AGENCY HIGHLIGHTS

TOTAL HEALTH CARE EXPENDITURES

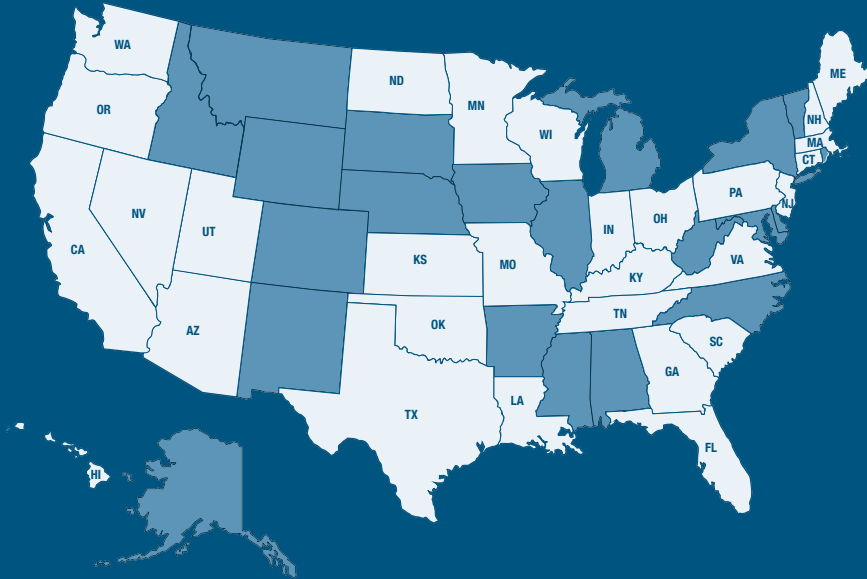
Total Health Care Expenditures (THCE) is a measure of statewide, per capita spending for health care in the Commonwealth. THCE is measured annually and compared to the health care cost growth benchmark, established by the Health Policy Commission.

Recognizing the importance of getting this metric right, CHIA worked with key stakeholders, health policy experts, actuaries, and other state agencies to develop a methodology that is consistent with the objectives of THCE. Data sources need to be consistently reported and tracked each year, available within the timeframe in which CHIA must calculate THCE, and support medical expense analysis at the payer and provider-level. These standards help ensure that THCE is driven by accurate, timely, comprehensive, and actionable data.

The transparent and collaborative process CHIA used to develop its methodology for calculating this innovative metric helped establish credibility amongst payers, providers, policy-makers, and consumers alike.

CHIA found that the rise in per capita THCE between 2012 and 2013 came in below the benchmark. While this finding was welcome news among those seeking to curb rising health care costs, it marks the beginning—not the end—of the cost containment story. CHIA will continue to monitor changes in THCE to determine if this favorable performance is a sign of sustainable long-term improvements.

chiamass.gov/total-health-care-expenditures



*Massachusetts is one of 29 states
with systematic processes in place to study
the efficacy and cost of existing and
proposed health benefit mandates.*

MANDATED BENEFIT REVIEWS

Health benefit mandates are laws that require state-licensed health insurance carriers to include specific health care benefits in certain coverage plans. All states have such benefit mandates. Examples range from commonly offered services, like hearing aids for hearing impaired minors, to less standard benefits, like intravenous immunoglobulin treatment for those diagnosed with Devic's disease, an autoimmune disease affecting the spinal cord and optic nerves. While mandates may make health insurance more comprehensive, they may also make it more expensive. Massachusetts is one of 29 states with systematic processes in place to study the efficacy and cost of existing and proposed health benefit mandates.

CHIA is responsible for evaluating the impact of health benefit mandate bills referred by legislative committees for review. These evaluations provide a medical efficacy analysis and estimate of the cost impact of the additional mandated benefits. The review of health benefit mandates balances the goal

of ensuring adequate protection for health care consumers with the goal of managing increasing health care costs.

CHIA's ability to provide stakeholders with neutral, reliable information has been particularly important as the Legislature has sought to contain the state's opioid epidemic. In 2014 CHIA published 12 mandated benefit reviews, including analysis of the provisions set to go into effect next fall under Chapter 258 of the Acts of 2014, "An Act to Increase Opportunities for Long-Term Substance Abuse Recovery."

CHIA will continue to conduct mandate reviews, as referred by the Legislature, in order to ensure policymakers have reliable and meaningful information that can be used to ensure consumers have access to comprehensive, affordable care. The agency currently has several additional benefit reviews on the docket for 2015.

chiamass.gov/mandated-benefit-reviews

MASSACHUSETTS HOSPITAL PROFILES

Massachusetts hospitals underwent substantial change in 2014: facilities closed, mergers were announced, and others expanded their services. These changes brought about a renewed focus on the performance of these important community service providers.

CHIA took this opportunity to use existing data resources to create a new product designed to offer a comprehensive overview of the Massachusetts hospital industry, as well as descriptive and comparative information on individual institutions. Massachusetts Hospital Profiles includes succinct information regarding hospital characteristics, financial performance, payer mix, and utilization for each acute and non-acute hospital in the Commonwealth over a five-year period (FY2008 – FY2012). These profiles contain peer, statewide, and—where possible—national information for comparison and context to further understanding of Massachusetts hospitals.

CHIA relied on datasets the agency already collected in order to develop this product. A commitment to meeting the needs of our customers was at the heart of this process. Through discussions with stakeholders, CHIA was able to combine pre-existing resources to create a new product that increased their value by displaying their content in a creative manner.

In early 2015, CHIA published an update to Massachusetts Hospital Profiles, which contains data through FY2013. For the first time, these profiles also include key quality metrics that are used by health plans to tier providers, and inform consumers about the caliber of their care. The FY13 update also includes profiles of hospital systems as a whole.

chiamass.gov/hospital-profiles

ENROLLMENT TRENDS

Responding to broad interest in the ACA's preliminary impact on enrollment among Massachusetts residents, CHIA introduced a quarterly briefing series on enrollment trends.

Enrollment data offers important insight into the ways in which Massachusetts residents access health care, the type of products they seek, and coverage trends over time.

CHIA worked closely with Massachusetts insurance carriers to develop this product. This partnership enabled CHIA to report on commercial enrollment with a level of detail and accuracy that few other states have been able to achieve.

As the Massachusetts All-Payer Claims Database (MA APCD) enrollment data is verified, future reporting will transition from payer-provided enrollment counts to MA APCD-reported enrollment counts, offering increased data richness and the additional insights that accompany it.

chiamass.gov/enrollment-in-health-insurance



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AGENCY PROFILE

MA APCD BY THE NUMBERS

83 Payers
Number of Payers Submitting

2 Terabytes
Volume of Data (Size) for Release 2.1

291 Million
Claim Record Lines (for CY2012)

6.3 Million Members
Unique Members (all ages)

97 Percent
of MA Population Under Age 65 in MA APCD (Estimated)

10 MA State Agencies
Using MA APCD

539 Data Elements
Data Elements Available for Release

15 External Reviewers
for MA APCD Applications

12,129 Files
Submitted Annually

1,485 Quality Checks
Intake Quality Checks

12 APCDs in Operation
in the US (per APCD Council)

CHIA'S ROLE IN MASSACHUSETTS HEALTH CARE REFORM

MISSION STATEMENT: CHIA's mission is to be the agency of record for Massachusetts health care information, to responsibly steward sensitive and confidential data, and to objectively report reliable and meaningful information about the quality, affordability, utilization, access, and outcomes of the Massachusetts health care system.

We pursue this mission in the public interest. This informs our objective perspective, and our commitment to serving a broad, diverse audience. We are a hub, connecting our products to policy-makers, public and private payers and providers, employers, researchers, and the residents of Massachusetts.

VISION STATEMENT: Our vision is a transparent health care system where reliable information provides common ground for improvement and empowers people and organizations to make informed decisions.

Two things set CHIA apart: our unique data sets and our stewardship of that data in pursuit of the public good. That stewardship is informed by our founding mandates: lead the nation in cost and quality transparency, provide objective metrics by which success can be measured, and protect the privacy of Massachusetts residents.

CHIA is part of a family of state agencies committed to improving our health care system. Our sister agency, the Health Policy Commission, monitors changes in the health care market and develops policy to promote higher quality, more efficient care. CHIA also acts as an information hub for a variety of other state agencies, promoting coordinated approaches and administrative simplification.

CHIA'S UNIQUE HEALTH DATA

Two things make CHIA's data without peer. First, the data are uniquely comprehensive across Massachusetts payers, hospitals, and other providers. Second, our commitment to transparency makes our data uniquely accessible to all those seeking to improve health care quality, affordability, access, and outcomes in the Commonwealth.

MA APCD

The Massachusetts All-Payer Claims Database (MA APCD) is a database comprising medical, pharmacy, and dental claims, and information about member eligibility, providers, and products from public and private payers. The MA APCD affords a deeper understanding of the Massachusetts health care system from granular analyses of care patterns to statewide metrics for cost, quality, and access.

SURVEYS

Periodic surveys of households and employers inform a variety of access and affordability issues and are widely referenced.

FINANCIAL DATA

Hospital cost reports and financial performance data, insurance premium information, health care price and expenditures, and alternative payment method data create a rich picture of the market.

ACUTE HOSPITAL CASE MIX DATA

For more than a decade, researchers, providers, plans, and other state agencies have relied on our hospital data. The three databases cover inpatient, emergency department, and observation stays at all Massachusetts hospitals.

ENHANCING PATIENT SAFETY IN MASSACHUSETTS

The Betsy Lehman Center for Patient Safety and Medical Error Reduction is an independent state agency with a broad mandate to improve patient safety in Massachusetts. It is named for Betsy Lehman, a Boston Globe health care reporter and mother who died at the age of 39 in 1994 as the result of an overdose of a chemotherapy drug.

In the years since Betsy's death, improved patient safety measures have been implemented in Massachusetts and nationwide. But preventable harm through mistakes made during medical care remains a critical issue.

The Betsy Lehman Center was originally launched in 2004 within the state's Executive Office of Health and Human Services and operated within the Department of Public Health. It was reestablished in 2013 as an independent

agency within CHIA. BLC is led by Executive Director Barbara Fain who was appointed by a Board comprised of the Attorney General, Secretary of Health and Human Services, Undersecretary of Consumer Affairs, and the Executive Director of CHIA.

BLC's charge is to foster a statewide program of research, data analysis and dissemination of best practices that engages health care agencies, health care providers, and consumers in initiatives that will reduce medical error and enhance patient safety in the Commonwealth.

While the Betsy Lehman Center operates independently and sets its own agenda, CHIA provides an operational home, including IT infrastructure and office space, and financing to support its mission.

chiamass.gov/betsy-lehman-center

BUDGET UPDATE

REVENUE

Operating Assessment – Hospitals and ASC	11,691,846
Operating Assessment – Surcharge	11,721,800
FFP	2,667,126
Fees – Data	201,007
Miscellaneous	27,450
ISA	2,433,660
Grants	1,380,195
TOTAL	\$30,123,084

SPENDING

AA – Employee Compensation	9,947,283
BB – Employee-Related Expense	30,944
CC – Special Employee	86,346
DD – Pension	151,951
EE – Administration	382,905
GG – Rent and Energy	1,327,872
HH – Consulting	3,324,396
JJ – Operational Services	104,156
KK – Equipment Purchase	82,782
LL – Equipment Lease	28,536
NN – Infrastructure	9,131
UU – IT Non-Payroll Expenses	10,213,906
Other Adjustments (none)	
TOTAL	\$25,690,208

REPORTS

CHIA is a dynamic agency that collects and disseminates a wealth of reliable health care data and products. This results in the generation of a large amount of valuable content in a variety of forms. On the following pages, CHIA's output, in its various formats, are outlined to illustrate how we achieve our mission and the essential elements that define what we do.

2014 REPORTS

CHIA published a number of reports in 2014. Some reports were required by statutory mandate at certain designated times, while others were standalone publications on a diverse array of issues. Each report is publicly available on our website at chiamass.gov/publications-and-regulations.

JANUARY

Overview of Health Benefit Mandates

MARCH

Massachusetts Hospital Profiles

MAY

Acute Hospital Financial Performance FY 13 – Data through 9/30/13

Mandated Benefit Review: House Bill 847:
“An Act Relative to Promoting Women’s Health”

Mandated Benefit Review: House Bill 986:
“An Act relative to HIV-Associated Lipodystrophy Treatment”

Mandated Benefit Review: House Bill 989:
“An Act Relative to Lyme Disease Treatment Coverage”

Mandated Benefit Review: Senate Bill 550:
“An Act to Provide for Tobacco Cessation Benefits”

Massachusetts Acute Care Hospitals: Financial Performance Fiscal Year 2013

REPORTS (CONTINUED)

JULY

Mandated Benefit Review: Senate Bill 471: "An Act Relative to Pancreatic Cancer Screening"

Mandated Benefit Review: Senate Bill 1808: "An Act to Improve Access to the Services of Educational Psychologists"

Massachusetts Commercial Medical Care Spending: Findings from the All-Payer Claims Database, developed in collaboration with the Health Policy Commission

Databook on Acute Hospital Patient Origins: Fiscal Year 2012

SEPTEMBER

Annual Report on the Performance of the Massachusetts Health Care System

OCTOBER

Acute Hospital Financial Performance FY 14 – Data through 3/31/14

Review of Denial Rates for Substance Abuse Disorder Treatment Coverage by Commercial Insurers

Technical Note: Comparison of Methodologies between Total Health Care Expenditures and State Health Expenditure Accounts

Massachusetts Health Care Coverage: Enrollment Trends

Provider Price Variation for Mammography Services

Results from the 2014 Massachusetts Employer Survey

DECEMBER

Massachusetts Health Care Coverage: Enrollment Trends

Mandated Benefit Review: Chapter 258 of the Acts of 2014

Mandated Benefit Review: Chapter 258 of the Acts of 2014: Mental Health and Substance Use Disorder Screening

Mandated Benefit Review: Chapter 258 of the Acts of 2014: Medication-Assisted Opioid Treatment

2014 REGULATIONS, PUBLIC HEARINGS, AND ADMINISTRATIVE BULLETINS

REGULATIONS

CHIA is responsible for several state regulations relating to the health care system in Massachusetts.

PUBLIC HEARINGS

The agency is required by M.G.L. c. 12C and M.G.L. c. 30A to hold public hearings regarding regulations that may be adopted by the agency concerning health care provider and private and public health care payer costs and cost trends. Under the relevant regulations are the public hearings CHIA conducted during the period covered by this report.

ADMINISTRATIVE BULLETINS

CHIA frequently issues administrative bulletins in connection with regulations relating to the health care system in Massachusetts. The bulletins serve as a means to provide clarifications and to notify the public of impending changes to current law and other relevant information. Under the relevant regulations are the administrative bulletins issued by CHIA in 2014.

114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data

Data Specifications: Hospital Inpatient Discharge, Hospital Emergency Department, Hospital Outpatient Observation (April)

957 CMR 2.00: Payer Data Reporting

Administrative Bulletin 14-02: Alternative Payment Methods Insurance Category Reporting (January)

Administrative Bulletin 14-03: Extended Filing Deadline for Collecting Certain Alternative Payment Methods Data and Network Average Relative Price Amounts (January)

957 CMR 4.00: Uniform Provider Reporting of the Standard Quality Measure Set

Administrative Bulletin 14-04: Uniform Provider Reporting of the Standard Quality Measure Set (February)

Administrative Bulletin 14-07: Uniform Provider Reporting of the Standard Quality Measure Set (May)

Administrative Bulletin 14-09: Updates to the Uniform Provider Reporting of the Standard Quality Measure Set (November)

957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures

Administrative Bulletin 14-01: Health Care Claims, Case Mix and Charge Data Release Procedures (January)

**2014 REGULATIONS, PUBLIC HEARINGS,
AND ADMINISTRATIVE BULLETINS (CONTINUED)**

.....
957 CMR 6.00: Cost Reporting Requirements

Public hearing held on March 31, 2014

Regulation effective April 25, 2014
.....

957 CMR 7.00: Nursing Facilities Cost Reporting Requirements

Public hearing held on June 3, 2014

Regulation effective July 4, 2014
.....

957 CMR 8.00: APCD and Case Mix Data Submission

Public hearing held on July 17, 2014

Regulation effective July 31, 2014

Administrative Bulletin 14-08: Submission of new data elements (October)
.....

PUBLIC COMMISSIONS

CHAired BY CHIA

Statewide Quality Advisory Committee

Executive Director of CHIA, Chair

Year 3 Final Report issued in October 2014

Task Force on Behavioral Health Data Policies and Long Term Stays

Executive Director of CHIA, Chair

Meetings began in November 2014

Final report due to the Health Policy Commission and Legislature by July 1, 2015

PARTICIPATION FROM CHIA

Special Commission to Review Public Reimbursement Rates

Executive Director of CHIA, ex-officio member

Report to the Public Payer Commission issued to the Legislature December 2014

Commission on Prevention and Wellness

Executive Director of CHIA, ex-officio member

Responsible for oversight of the Commonwealth's wellness trust fund

Health Planning Council

Executive Director of CHIA, ex-officio member

Responsible for developing State Health Plan

Health Information Technology Council

Executive Director of CHIA, ex-officio member

Responsible for annually updating a Statewide Health Information

Exchange Implementation Plan

Task Force on the Discontinuation of Essential Health Services

Executive Director of CHIA, or designee, ex-officio member

Final report due to the Legislature by January 31, 2015

DATA RELEASES

In order to further its mission, CHIA releases MA APCD and CaseMix datasets to eligible applicants. Listed below are successful data applicants, with the project title or study name, who have received their requested data from CHIA.

MA APCD DATA RELEASES

State Innovation Models (SIM) Initiative Evaluation: Independent Evaluation of the Group Insurance Commission's (GIC) Integrated-Risk Bearing Organization (IRBO)

RTI International

Network Analysis of Providers and Shared Patients

Boston Children's Hospital and Harvard Medical Center

Competition Among Private Medicare Managed Care Plans

Boston University

Skin Cancer and Expenditure and Equity Analysis

Brigham and Women's Hospital

Understanding High Cost Surgical Patients Using Episode Bundles

Brigham and Women's Hospital

Risk Adjustment Program

Commonwealth Health Insurance Connector

Do Commercial MCO's Influence Physicians' Incentives to Accept Medicaid Patients?

Johns Hopkins University, Bloomberg School of Public Health

The Impact of Payment Reform on Physician Referrals, Patient Flows, and Health Care Costs

Harvard Medical School

SVP Product and Massachusetts Market

Harvard Pilgrim Health Care

Will the Academic Innovations Collaborative Increase the Value of Primary Care and Improve Providers' and Trainees' Experiences?

Harvard School of Public Health

DATA RELEASES (CONTINUED)

ECR Analytics: Price and Quality Transparency

Health Care Incentives Improvement Institute (HCII)

Prices, Incentives, and Hospital-Physician Integration in Health Care

Harvard University and the National Bureau of Economic Research

Cost Trends Amendment

Health Policy Commission

Quality of Care in Recipients of Injectable Antipsychotics and Other Treatments for Schizophrenia

JEN Associates

Best opportunities for improving Massachusetts health within budget constraints

Tufts Medical Center

Child Health Care Quality Measurement - Core Measure Set Testing

University of Massachusetts Medical School

High Deductible Health Plans (HDHPs) in MA: Adoption of HDHPs and Patterns of Health Care Utilization and Spending

University of Massachusetts Medical School

Patient Centered Medical Home Initiative (PCMH) Shared Savings and Claims Evaluation

University of Massachusetts Medical School

Outpatient Emergency Department Utilization: Prevalence, Predictive Models, and Performance

University of Massachusetts Medical School

The Effect of Limited and Tiered Provider Networks on Utilization, Quality, and Cost of Care

University of Pennsylvania – Wharton School

DATA RELEASES (CONTINUED)

CASE MIX DATA RELEASES

AHRQ Measure

Blue Cross Blue Shield of Massachusetts

School-Based Health Centers Avoid Unnecessary Emergency Department Use

Center for Community Health Education Research and Service

Will the Academic Innovations Collaborative Increase the Value of Primary Care and Improve Providers' and Trainees' Experiences?

Harvard School of Public Health

Do Commercial MCO's Influence Physicians' Incentives to Accept Medicaid Patients?

Johns Hopkins University, Bloomberg School of Public Health

Market Data Update

Life Span

FY2012 Hospital Discharge Data to Calculate Reliable Threshold to Trigger Outlier Payment

University of Massachusetts Medical School

Providers and Plans Reconciliation of HDD/MMIS Data for Performance Benchmark Reports

University of Massachusetts Medical School

Use of HDD for Performance Benchmark Reports and Rate Development

University of Massachusetts Medical School

Outpatient Emergency Department Utilization: Prevalence, Predictive Models, and Performance Measures

University of Massachusetts Medical School



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